

NAME	
WHERE ARE YOU LICENSED	LICENSE#
TROY JOB NAME OR LOCATION	
HOME ADDRESS	
BUSINESS PHONE	HOME PHONE
SIGNATURE	
**PLEASE ATTACH THE FOLLOWING:	Certificate of Insurance Liability Copy of Electrical License Plans and/or drawings for proposed job
Please include a check in the amount of \$200.00 made payable to: Troy City Clerk	
Mail to: Code Enforcement, One Monument Square, Troy, NY 12180 For information call 270-4646	
Board of Electrical Examiners William Quinlan, Chairman William A. McInerney, Secretary	
For CODE ENFORCEMENT USE:	
Approved	Date
City Clerk Approval:	
William A. McInerney, City Clerk	

SEAL